

INFORMATION BELOW IS TO HELP YOU FILL OUT YOUR APPLICATION. PLEASE MAKE SURE YOU SEND YOUR SUPERVISOR THIS LINK (<https://www.transportation.gov/transerve/participants/us-air-force>) TO TAKE THE TRAINING AND REGISTER FOR THE PROGRAM ALSO.

You will do the training as required on the site above, you will then register for the program. After your supervisor registers and is approved by this office you will go into the program and complete an application for the TRANServe program selecting your supervisor as your approving supervisor (see cheat sheet below). After you complete your application it will be approved by this office and you will receive notification.

NOTE: Your supervisor does not need to fill out an application, they will need to register and send an email to Hill.TIP@us.af.mil to request they be given supervisor right to approve TRANServe applications for their employees.

After you and your supervisor have both completed your training and registered for the program you will now complete your application.

Log into the program and select **Transit Benefits Application**

Select correct Action - (Most will be Certify/Enroll)

REQUEST INFORMATION – This is to request information about your current status in the program.

WITHDRAW FROM THE PROGRAM – Use to withdraw from the program

ADDRESS/SMART TRIP CHANGE – This is used to change your Home or Work Address. Smart Trip not used at Hill AFB.

CERTIFY/ENROLL - (This for New Participants to ENROLL and for CURRENT Participants to RE-CERTIFY for the Program)

Next Read WARNING - Click on "I Agree" If all of the statements are correct.

To Certify /Enroll Select Reason for Certification:

Address or Smart Card Address Change

Agency Change

Annual Certification/Recertification (*Click on – I have completed the required Transit Benefit integrity training for my Agency*)

New Transit Benefit Participant

Rate Change

Vendor and Rate Change

Civilian/Military: ARE YOU **CIVILIAN**, NAF, **MILITARY** –ACTIVE or MILITARY- RESERVE?

Work Status: FULL TIME (if Military-Reserve you must be on orders for 30 days or longer)

Vanpool/bus/rail – SELECT THE OPTION YOU ARE GOING TO BE APPLYING FOR

Name of Company: UTAH TRANSIT AUTHORITY

Dailey Expense: THIS IS YOUR MONTHLY COST DIVIDED BY 20 (OR THE DAYS OF YOUR MONTHLY SCHEDULE). This is your monthly approved AF Benefits and may not be the total amount owed. If you are van

Days per Month: THIS IS THE DAYS OF MONTH YOU ARE SCHEDULED TO WORK ON AN AVERAGE MONTH

Monthly Expense: THIS IS YOUR MONTHLY EXPENSE TO UTA

Smart Benefits Program: **NO** *This is for the D.C. Area*

Identifier: LAST 4 OF YOUR SSN (Example if your SSN is 123-45-6789 you would enter 6789)

Name: LAST, MIDDLE INITIAL & FIRST NAME - (Example - Sandra L Gangl) (this must be your full legal name)

Email Address: YOU'RE GOVERNMENT EMAIL ADDRESS (Example (sandra.gangl@us.af.mil)

Work Phone: YOURS OR YOUR SUPERVISORS PHONE NUMBER

Common Identifier: FIRST INITITAL OF YOUR FIRST NAME AND THE FIRST 4 OF YOUR LAST NAME (Example -SGANG)

Work Zip: 84056 for most

Select Your Agency: USAF-REG-ACTIVE (this is for Active Civilians & Active Duty)

Region: OGDEN, UT

Default Admin: HILL AFB

WORK INFORMATION

Work Address: THIS WILL BE YOUR BUILDING ADDRESS

Work City: CLEARFIELD

Work State: UT

Work Zip: 84056

RESIDENCE INFORMATION (Required)

Address: THIS IS YOUR HOME ADDRESS

City: THIS IS YOUR CITY

State: UT

Zip: YOUR HOME ZIPCODE

APPROVER INFORMATION

Supervisor – Your supervisor will need to register for the program before you will be able to choose them from the listing (see instructions above).

Your POC: This will be the Base Program Manager – Choose – GANGL, SANDRA L

Point of Contact: This will be GANGL, SANDI

Managers Phone: this will be your supervisor's number

Smart Trip Card Number: This will be NA for everyone

Comments for Agency Approvers: THIS WILL BE YOUR COMMENTS OR QUESTIONS. Make sure you list any changes you are making. If you are a new participant you will need to list the Van Managers name and also the van number that is listed on the van. If this information is not noted on your application it will be disapproved.

THIS PROCESS WILL TAKE 6 TO 8 WEEKS TO GO INTO EFFECT – If you apply for your benefits by 15 August your BENEFITS will go into effect for 1 October.